

Medical Facilities Licensing | Licensing Division P.O. Box 30205, Lansing, MI 48909 Telephone: 517- 284-8599

CRA-Applications@Michigan.gov

DISCLOSURE 8 – LITIGATION HISTORY

Supplemental Individual Name			Phone No.		
1)	Has the supplemental individual or any of the supplemental individual's other business interests been a party to any litigation during the past five years (e.g., fraud, environmental, food safety, alcohol, tobacco, labor, employment, worker's compensation, discrimination, and tax laws and regulations)? Yes No If you answered <u>yes</u> , provide the requested information for all litigation related to the supplemental individual (e.g., fraud, environmental, food safety, labor, employment, worker's compensation, discrimination, and tax laws and regulations) pending or concluded, for the past 5 years. Add additional pages if necessary.				
	Case Caption	Docket/Case No.	Name & Location of Court	Cause of Action	Disposition
<u> </u>	PENDING LITIGA	ATION			
<i>-,</i>	For any cases that are currently initiated or pending, provide a brief explanation regarding the allegations of the case. Add additional pages if necessary.				
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3)	GOVERNMENT CHARGES & INVESTIGATIONS Disclose any charges and government investigations, whether initiated, pending, or concluded, related to the supplemental ndividual's business operations unless they have been previously disclosed on this application (e.g., fraud, environmental, food afety, alcohol, tobacco, labor, employment, worker's compensation, discrimination, and tax laws and regulations). Add additional pages if necessary.				
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